SCOTCH PLAINS FANWOOD BOARD OF EDUCATION
EXTRA PAY TIMESHEET

NAME _____ **DATE**_____

EMPLOYEE # _____ (can be found on check stub in doculivery)

Normal working hours/position_____

DATE WORKED	EXTRA HOURS WORKED ONLY	WORK PERFORMED	SPECIFIC REASON(S) FOR NEEDED COVERAGE AND NAME OF PERSON BEING REPLACED

TOTAL HOURS WORKED_____**@ $**_____**/HR TOTAL $**_____

SCHOOL_____

EMPLOYEE SIGNATURE _____

PRINCIPAL/SUPERVISOR SIGNATURE _____

AGENDA APPROVAL DATE_____

AGENDA PAGE#_____

ACCOUNT CODE _____

FORMS NOT FILLED OUT COMPLETELY AND SIGNED BY PRINCIPAL/SUPERVISOR WILL BE RETURNED

06/03/14